



# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration OR       Declaration  
Submitted                          Submitted after  
with Initial Filing                Initial Filing

Attorney Docket Number	15518NP
First Named Inventor	Dassaud et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	10/590,361
Filing Date	March 3, 2005
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled :

DEVICE FOR SHARPENING THE BLADE OF A MANUAL CUTTING TOOL

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY)

March 3, 2005

as United States Application Number or PCT International

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			YES	NO
0402272	FRANCE	March 4, 04	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

# DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to:

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Nathalie	Middle Initial	Family Name	DASSAUD	Suffix e.g. Jr.	
Inventor's Signature				Date	12.8.2006	

Residence: City	State	Country	Citizenship	FR
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Post Office Address	Jambost			
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Post Office Address				
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City	THIERS	State	Zip	63300	Country	FRANCE
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Additional inventors are being named on supplemental sheet(s) attached hereto

# DECLARATION



## ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	René	Middle Initial		Family Name	DASSAUD		Suffix e.g. Jr.
Inventor's Signature					Date	17.8.2006	
Residence: City			State	Country			Citizenship FR
Post Office Address	Jambost						
Post Office Address							
City	THIERS	State	Zip	63300	Country	FRANCE	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name			Suffix e.g. Jr.
Inventor's Signature					Date		
Residence: City			State	Country			Citizenship
Post Office Address							
Post Office Address							
City		State	Zip		Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name			Suffix e.g. Jr.
Inventor's Signature					Date		
Residence: City			State	Country			Citizenship
Post Office Address							
Post Office Address							
City		State	Zip		Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name			Suffix e.g. Jr.
Inventor's Signature					Date		
Residence: City			State	Country			Citizenship
Post Office Address							
Post Office Address							
City		State	Zip		Country		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							